Washington State Department of Social & Health Services
MAA Medical Assistance Administration

# REQUEST TO CHANGE REIMBURSEMENT

Office of Pharmacy Rates
http://maa.dshs.wa.gov/pharmacy
Fax: (360) 725-1982

Telephone: 1-800-848-2842
Monday - Friday 9:00 a.m. to 12:00 p.m.
and 1:00 p.m. to 4:45 p.m.

**Please note: You must transmit a claim prior to faxing this form.**

| **PRICING CONFLICTS** | | | |
|---|---|---|---|
| ☐ Reimbursement less than cost | ACTUAL PER UNIT COST | AWP PER UNIT COST | WHO IS YOUR WHOLESALER? |
| ☐ Availability Issue | WHEN WILL PRODUCT BE AVAILABLE? | WHO IS YOUR WHOLESALER? | |

**NOTE: This form is NOT for dispense as written (DAW) requests for brand name. Please continue to submit those requests via fax to (360) 725-2141.**

| **PATIENT INFORMATION** | |
|---|---|
| NAME | PIC NUMBER |

| **PRESCRIBER INFORMATION** | |
|---|---|
| PRESCRIBER NAME | DEA NUMBER |

| **PHARMACY INFORMATION** | | | |
|---|---|---|---|
| NABP # | PHARMACY NAME | FAX NUMBER | TELEPHONE NUMBER |

| **DRUG INFORMATION** | | | |
|---|---|---|---|
| PRESCRIPTION # | DRUG NAME | NDC | |
| DATE(S) OF FILL | QUANTITY | DAYS SUPPLY | |
| DIRECTIONS FOR USE (SIG) | | | |

**FOR DSHS/MAA STAFF USE ONLY**

- ☐ Form not complete or illegible. Unable to process request. Please complete and refax.
- ☐ Unable to verify cost - please submit invoice.
- ☐ Pricing for this claim has been corrected. Please reverse and rerun claim.
- ☐ Request received. Verifying cost information.
- ☐ Pricing on this NDC has been corrected - please reverse and rerun claim.
- ☐ Denied.
- ☐ Other:

| NAME OF CONTACT PERSON AT PHARMACY | OPR STAFF DATE |
|---|---|
| | |

DSHS 13-753 (REV. 10/2005)